

CERTIFIED INSTALLER APPLICATION
(INDIVIDUAL AND/OR COMPANY)

OFFICE OF THE STATE FIRE MARSHAL
MANUFACTURED HOUSING SECTION
101 SEA HERO ROAD, SUITE 100
FRANKFORT KY 40601-5405

This application must be COMPLETED in detail. No application shall be reviewed unless the instructions are complied with. All statements made herein are subject to the penalties of perjury as set forth in the Certificate at the end of the application.

“Applicant”, as used in this application, means an individual who qualifies him-self and/or the company for which the applicant works.

An installer of manufactured or mobile homes shall be required to renew their certification annually, (all certificates expire on December 31st of each year), as per 815KAR 25:080.

Check or money order for the applicable fee should be made payable to the **KENTUCKY STATE TREASURER.**

Check All That Applies

1. **Initial** Certification:

Individual

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Individual/Company

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FEE: \$100.00 per selection (enclosed) \$_____

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Copy of Certificate of Achievement from the 15-Hour Certified Installer Class

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2. **Renew** Certification:

Individual

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Individual/Company

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FEE: \$50.00 per selection (enclosed) \$_____

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Copy of Certificate of Achievement from the 5-Hour Certified Installer Class

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Certificate to be issued to: _____
(Please Print Individual Name)

Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

If Applies:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Current Dealer License #: _____ Sales & Tax Permit #: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

The undersigned is the applicant and is qualified to install manufactured homes as required by 815 KAR 25: 080. The applicant has read the statement contained in this application and states that the same are true and correct. The statements made herein are made under full an complete knowledge that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the certificate for which this application is submitted. The application hereby certifies compliance with 815 KAR 25: 080.

_____ for _____
Signature of Applicant (Individual taking exam) Company (if applicable)

Homes Phone #: _____